


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90003 001 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 750137

1. Corporation Name
SIKH SOCIETY OF FLORIDA, INC.



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| Principal Place of Business 16000 SW 60TH STREET FT. LAUDERDALE FL 33331 | Mailing Address 16000 SW 60TH STREET FT. LAUDERDALE FL 33331 |
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|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 02/11/1979 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1949144 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

MATTU, BALDEV S
 22965 OLD INLET BRIDGE DRIVE
 BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name **MATTU, BALDEV S.**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **22965 OLD INLET BRIDGE DR.**
 84 City **BOCA RATON** FL 85 Zip Code **33433**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE B.S. Mattu (BALDEV S. MATTU) DATE 8/31/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SELHI, HARINDER S | |
| STREET ADDRESS | 19827 BOCA GREENS DR | |
| CITY-ST-ZIP | BOCA RATON FL 33498 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | SINGH, DARSHAN | |
| STREET ADDRESS | 8580 SW 126 TERR | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | TSD | <input type="checkbox"/> DELETE |
| NAME | TUNG, JAGPAL SINGH | |
| STREET ADDRESS | 16250 NW 19 STREET | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | MATTU, BALDEV S | |
| STREET ADDRESS | 22965 OLD INLET BRIDGE DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------|---|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SELHI, HARINDER SINGH | |
| 1.3 STREET ADDRESS | 19827 BOCA GREENS DR. | |
| 1.4 CITY-ST-ZIP | BOCA RATON, FL 33498 | |
| 2.1 TITLE | VPD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | SINGH, DARSHAN | |
| 2.3 STREET ADDRESS | 8580 SW 126 TERR. | |
| 2.4 CITY-ST-ZIP | MIAMI, FL 33156 | |
| 3.1 TITLE | TSD (JOINT SEC.) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | TUNG, JAGPAL SINGH | |
| 3.3 STREET ADDRESS | 16250 NW 19 St. | |
| 3.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33028 | |
| 4.1 TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | MATTU, BALDEV SINGH | |
| 4.3 STREET ADDRESS | 22965 OLD INLET BRIDGE DRIVE | |
| 4.4 CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B.S. Mattu NATURE: BALDEV S. MATTU DATE: 8/31/99 DAYTIME PHONE #: 561 955 6640

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CR2E037 (5/99)